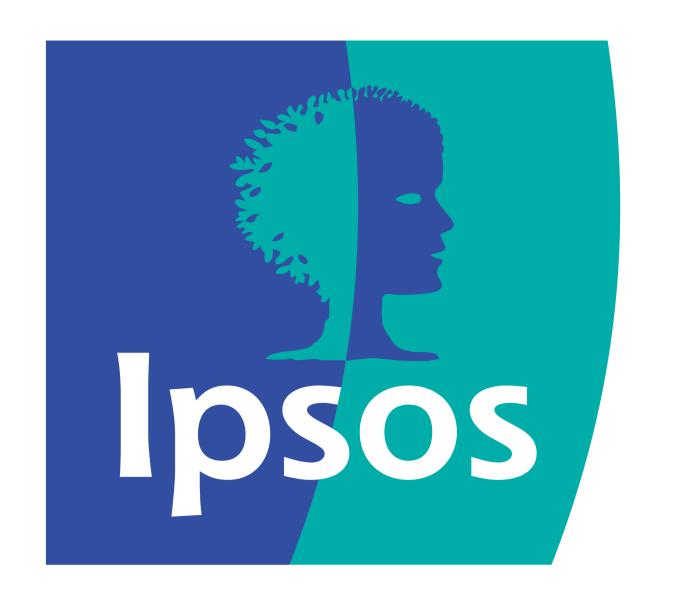
# 3131: Patient access to precision medicine: identifying barriers to testing in non-small cell lung cancer



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### Background/Methods

The growing number of targeted therapies approved to treat non-small cell lung cancer (NSCLC) has anchored biomarker testing in clinical practice. Despite general concordance across international guidelines recommending advanced NSCLC patients be tested for oncogenic alterations and immune biomarkers, this is not always the case. This study uses real-world data to explore the barriers to testing across US, Japan, Germany and China.

## Methodology

The Ipsos' Biomarker Testing Rate Monitor, a multi-stakeholder, physician-reported syndicated online medical chart review study was conducted between January 2022 and December 2022.

### **Study Population**

- Contains 206 cancer-treating physicians (US=69, Japan=37, Germany=41, China=59)
- Physicians were primary treaters and screened for patient volume
- Data submitted for 990 NSCLC patients for which biomarker testing had not taken place

### RESULTS

Sampled physicians cited barriers why patients were not tested:

- "Choosing not to test at patient's current stage" was the highest recorded reason in the Japan (26%) and China (26%) reported patient cohorts (Fig 1)
- Similarly, "guidelines not calling for testing at this point" was more frequently cited by the physicians in the Japan (27%) and Germany (25%) patient cohort (Fig 1)
- "Patient's co-pay" was more frequently cited by the physicians for the reported China patient cohort (34%) (Fig 1).
- The reported Japan cohort had higher mentions of "tissue not being available" (25%) cited by the physicians (Fig 1)
- Among early-stage patient cohorts, "guidelines calling for not testing at this point" was cited more frequently by the physicians in Germany (37%) and Japan (37%), and "choosing not to test at this stage" was highest in Japan (37%) and China (34%) (Fig 2)
- Country disparities in the reported metastatic (IIIB-IV) patient cohort included "lack of tissue in Japan" (48%) and Germany (25%), deferring testing to "a later point" in the US (21%) and "high co-pay" in China (50%) (Fig 3)

## Despite guidelines, barriers persist to universal testing in NSCLC

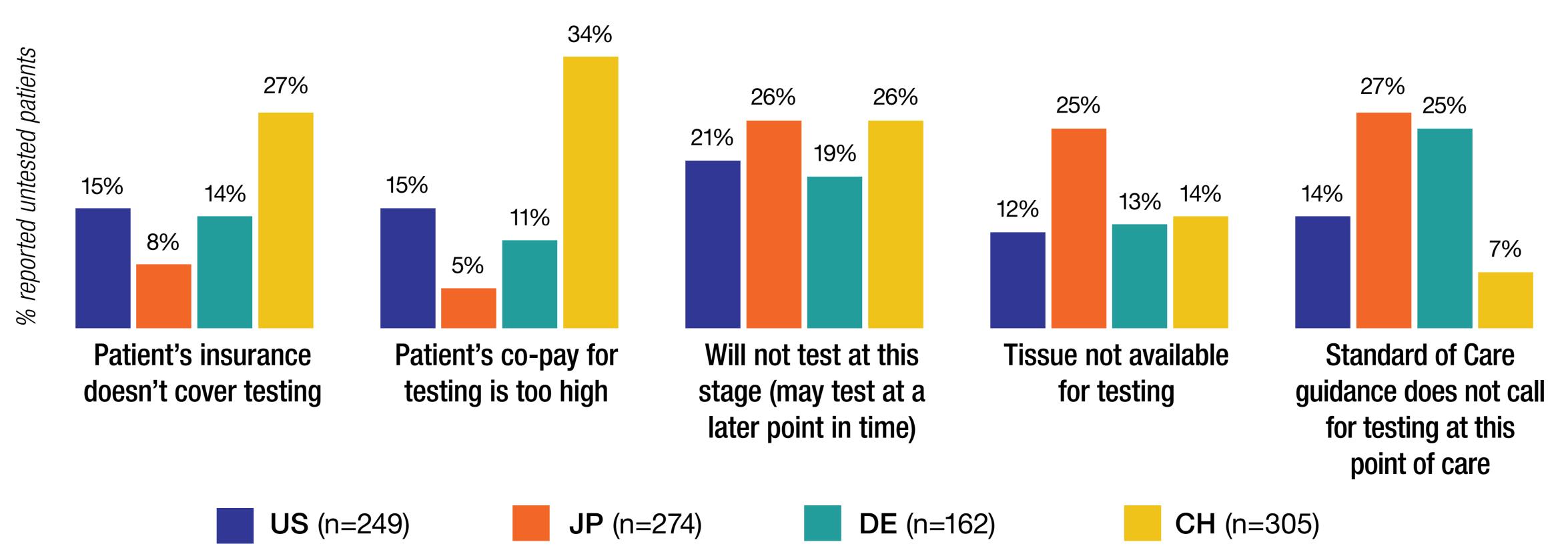
- Despite guidelines, not all NSCLC patients receive biomarker testing. While reimbursement structures are difficult to overcome, a concerted effort is needed to raise awareness of the clinical utility of biomarker testing and of the importance of collecting sufficient tissue during the biopsy to allow patients the chance of benefiting from precision medicines.
- Similarly, calls for earlier testing could support efforts that ensure the best possible treatment options are available to patients throughout their journey.

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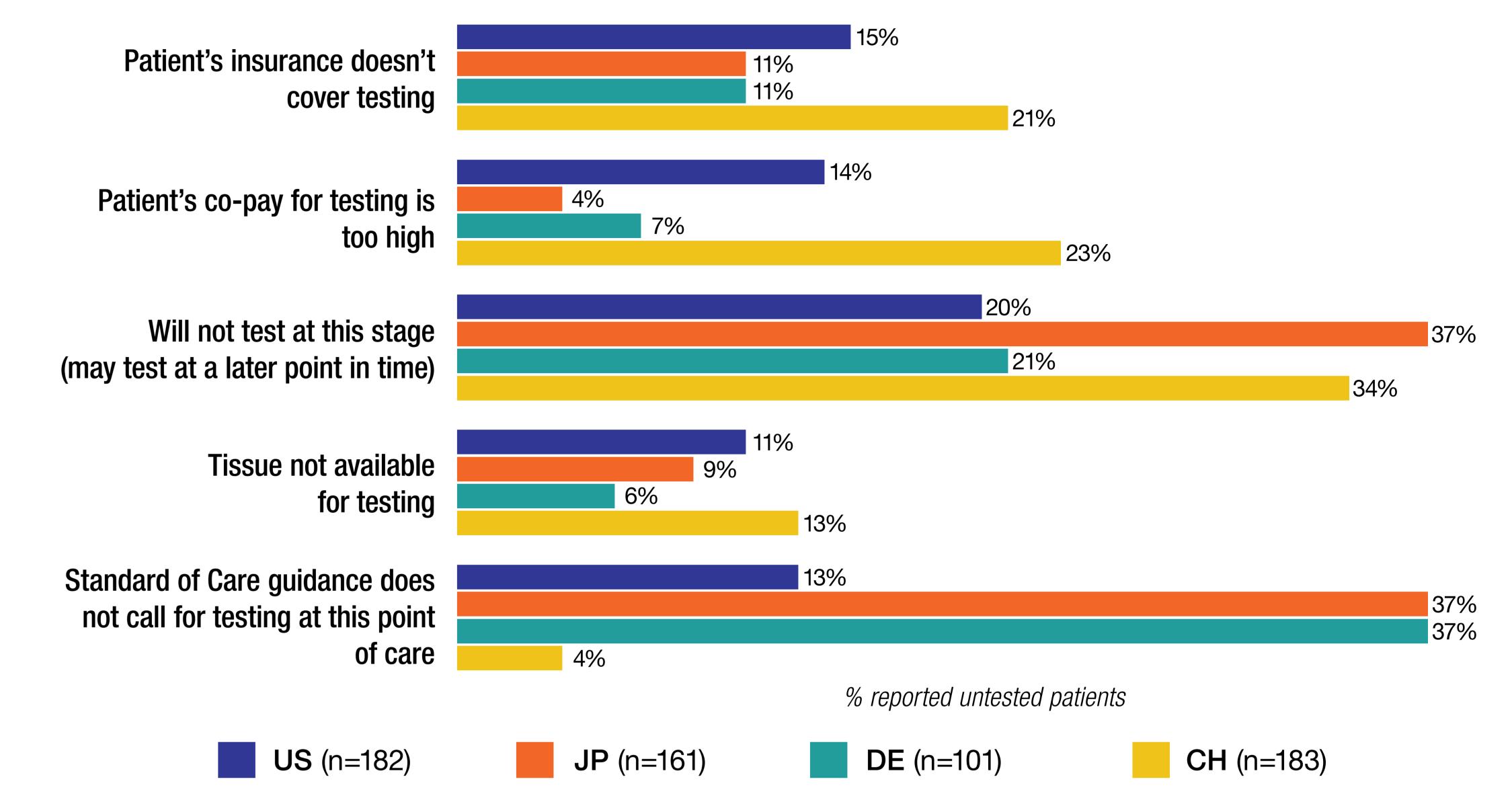


Figure 1: Sampled physician cited reasons why biomarker testing was not performed in all reported patients



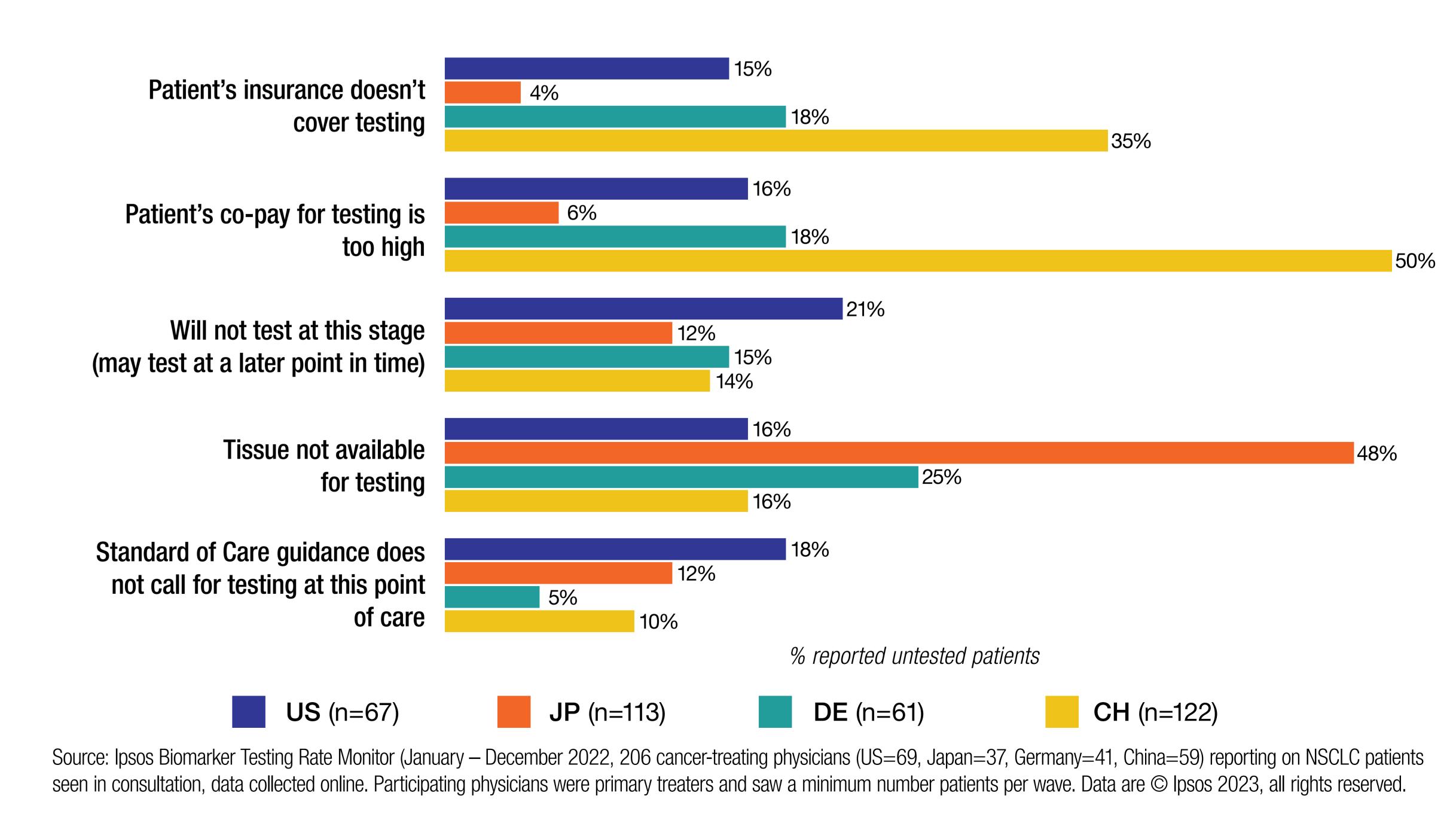
Source: Ipsos Biomarker Testing Rate Monitor (January – December 2022, 206 cancer-treating physicians (US=69, Japan=37, Germany=41, China=59) reporting on NSCLC patients seen in consultation, data collected online. Participating physicians were primary treaters and saw a minimum number patients per wave. Data are © Ipsos 2023, all rights reserved.

Figure 2: Sampled physician cited reasons why biomarker testing was not performed in reported stage 0-IIIA patients



Source: Ipsos Biomarker Testing Rate Monitor (January – December 2022, 206 cancer-treating physicians (US=69, Japan=37, Germany=41, China=59) reporting on NSCLC patients seen in consultation, data collected online. Participating physicians were primary treaters and saw a minimum number patients per wave. Data are © Ipsos 2023, all rights reserved.

Figure 3: Sampled physician cited reasons why biomarker testing was not performed in reported stage IIIB-IV patients



### **Future Directions for Research:**

Further investigation using comparator cohort is warranted to better understand how to overcome barriers to testing to ensure all patients attain the best outcomes.